

MICHIGAN DEPARTMENT OF AGRICULTURE  
LABORATORY DIVISION – MOTOR FUELS QUALITY UNIT  
P.O. Box 30017, Lansing, Michigan 48909  
**RENEWAL APPLICATION FOR  
GASOLINE RETAIL OUTLET LICENSE**

**LICENSE FEE****\$100.00**

FOR THE LICENSE YEAR  
ENDING NOVEMBER 30, 2005

Region	Type
Client No.	Co. Code

Filing of this completed application and fee is required of gasoline retailers by Act 44, P.A. 44 of 1984, to obtain a license.

**This license is non-transferable. A change in ownership or location will require a new license.**

MAILING NAME AND ADDRESS	<b>CORRECTIONS--INDICATE <u>MAILING ADDRESS</u> CORRECTIONS HERE:</b>
RETAIL OUTLET NAME AND ADDRESS	<b>CORRECTIONS--INDICATE <u>BUSINESS NAME/ADDRESS</u> CORRECTIONS HERE:</b>
RETAIL OUTLET PHONE NUMBER (Make corrections, if needed)	IS ESTABLISHMENT A SEASONAL GASOLINE BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO Dates of operation: _____
FEDERAL EMPLOYER ID# OR MICHIGAN TREASURY #	NUMBER OF: _____ Quantity
DID OWNERSHIP CHANGE WITHIN THE LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO Date Ownership Changed: _____ New Owner's Name: _____	DISPENSER HOSES: _____ GRADES OF GASOLINE: _____ GRADES OF DIESEL FUEL: _____

**TYPE OF OWNERSHIP (Complete Only One, i.e. If you have a corporation, complete the corporation section.)**

**\*Application CANNOT be processed without date(s) of birth. \*\*Home address must be different than business address. If the same, state that.**

INDIVIDUAL (Single Owner)		JOINT TENANT (i.e. husband & wife)	
OWNER'S NAME	HOME PHONE	NAME OF TENANT	NAME OF TENANT
OWNER'S HOME ADDRESS**		TENANTS' HOME ADDRESS**	TENANTS' HOME PHONE
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE	
DATE OF BIRTH*		DATE OF BIRTH*	DATE OF BIRTH*
PARTNERSHIP or LIMITED LIABILITY CORPORATION		CORPORATION	
LIMITED LIABILITY CORPORATION NAME		NAME OF CORPORATION	
NAME OF PARTNER	NAME OF PARTNER	MAIN OFFICE PHONE	
HOME ADDRESS**	HOME ADDRESS**	MICHIGAN RESIDENT AGENT'S NAME	PRESIDENT'S NAME
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE	REGISTERED OFFICE ADDRESS	PRESIDENT'S HOME ADDRESS**
HOME PHONE	HOME PHONE	CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
DATE OF BIRTH*	DATE OF BIRTH*	DATE OF BIRTH*	DATE OF BIRTH*

I certify the above information to be accurate and complete.

**X**

Authorized Signature & Title (THIS APPLICATION CANNOT BE PROCESSED WITHOUT A SIGNATURE.)

**X**

Date

Make remittance payable for the exact amount of \$100 to **STATE OF MICHIGAN** and mail by October 1, 2004, to:

**Michigan Department of Agriculture  
Laboratory Division – Motor Fuels Quality Unit  
P.O. Box 30017  
Lansing, Michigan 48909**

**REFUND POLICY:**

Refunds under \$10 will not be processed unless requested in writing.